

Aging Division

Wyoming Department of Health

Information and Education Bulletin

Subject: New Aging Division AGNES and Information Release Form

Attached is a new AGing Needs Evaluation Summary and Information Release form.

Starting August 1, 2009 this new form must be signed by all participants who are eligible for the Title III B, C1, C2, D, E, and the CBIHS programs (including caregivers served under Title III-E). This form allows you as the provider to share their information with the State of Wyoming and Administration on Aging (SAMS program). Please **DO NOT ALTER THIS FORM IN ANYWAY**.

Please remember, this form must be signed first then the AGNES and all other forms used (e.g. Service Plans, Care Plans). If a client refuses to sign the form, the client is no longer eligible for the subsidized program B, C1, C2, D, E, and CBIHS program and must pay the full cost of the service, or the service can be paid for with local funding.

Frequently Asked Questions

Is an AGNES Information and Release Form signed by the client or their legally authorized representative is a pre-requisite for services? Yes - *Exception - Services may be provided to an eligible home delivered meal client for 10 calendar days prior to the signed release form, however, if the client at that time determines that they will not authorize the release, these services are not eligible for the service to be subsidized by the Aging Division. Each Caregiver under the NFCSP (Caregiver) Title III E program are required to sign the Release of Information form since they are the client of this program.

How long is a release form valid? A release form is only valid for one year. However, a client may revoke their release at any time.

I have heard a rumor that the release form must now be the first page of the AGNES. Is that true? Yes. This is a requirement of the Wyoming Attorney General's Office and the Department of Health HIPAA Compliance Officer.

Is there a new release form? Yes. Effective August 1st, 2009, there is a new release form that has information that is required by the Wyoming Attorney General's Office and the Department of Health HIPAA Compliance Officer.

Will old forms be "grandfathered" in? Yes. Old forms will be valid until they expire (one year after the date they were initially signed by the client) however if the form was NOT signed by the client or their authorized representative, the form is null and void and must be completed immediately.

Can information (AGNES, release forms, service plans) about a client be shared amongst affiliated providers who are supplying different AoA and State services? Yes. We have obtained clarification from the HIPAA Compliance Officer that this is acceptable and have added that information to the release form.

Does the client have to be provided with a copy of the AGNES Information Release Form? Yes. This is a requirement of the Wyoming Attorney General's Office and the Department of Health HIPAA Compliance Officer. There will now be two pages to the AGNES Information Release Form and one is specifically for the client.

When do I give the client the release form? Effective August 1st, 2009, and at the mandate of the Wyoming Attorney General's Office and the Department of Health HIPAA Compliance Officer, the release form must now be the FIRST form that the client signs/completes. This is for all Aging Division Programs.

Rev: 07-31-2009



Aging Needs Evaluation Summary and Information Release Form

I hereby give my permission for _____ to share information contained in
[Service Provider(s)]

the Aging Needs Evaluation Summary and other program documentation with the Aging Division and other affiliated service providers for the purpose of eligibility and benefit payment. Further, I understand that:

- By agreeing to take part in this program I give my permission to the service provider(s), Wyoming Department of Health (WDH), Aging Division, and the Administration on Aging (AoA) to share information obtained for the purpose of program evaluation and oversight.
- Information received will otherwise be treated as confidential and will only be made available to others in accordance with the requirements of law.
- Services provided through this program are subsidized through funding obtained from the Aging Division of the Wyoming Department of Health and failure to complete this release will disqualify me from assistance.
- I may revoke this release at any time except to the extent that action has been taken in reliance on it, and that in any event this release expires automatically one year from the date of my signature.
- If I refuse to consent to this release for the purposes described above, I may be required to pay for any benefits I have received or be solely responsible for payment of services.
- I may be asked to make a voluntary contribution to offset partial costs of this program. I further understand my inability to make a voluntary contribution cannot be used to deny services.
- If I am wrongfully denied program services, I may be entitled to a hearing.
- I have the right to inspect and/or obtain a copy of my record including an accounting of any disclosures made from my record.
- If I feel information in my record is invalid, I may make a written request for an amendment of the record.
- I have been provided a copy of this form.
- If I feel I have been treated inappropriately, services have not been of the quality expected and/or not provided as stated in the service plan; I may contact the Wyoming Long Term Care Ombudsman at (307) 322-5553 or the WDH Aging Division at (800) 442-2766.

For additional information regarding the Wyoming Department of Health's privacy policy, visit the WDH Department's HIPAA website: <http://www.health.wyo.gov/main/hipaa.html> or call De Anna Greene, WDH HIPAA Compliance Officer at (307) 777-8664.

Client's Name (Printed): _____

Client or Representative's Signature: _____ Date: _____

Authority and Relationship of Representative (if any) to sign on Client's behalf _____

Project Representative: _____ Date: _____

Determine Your Nutritional Health

The SAM's program automatically adds the point values from the Nutrition Questions to determine if the nutritional risk of the client is "high" and the point value will show on the completed and printed copy. If the score is 6 or more, the program will automatically put "Yes" in the High risk question. However, the numerical values will not print on the non-completed hard copy. The table below is designed to help you determine the client's nutritional risk category (There is no "moderate" in the SAMS program).

Nutritional Risk Score	Nutrition Risk	Action
0-2	Low	Recheck in 6-12 months
3-5	Moderate	Recheck in 3-6 months Provide "Eating Well as We Age Brochure" or similar information.
6 or more	High	Provide the client a copy of the checklist for them to take to their health professional. Talk with the client about ways to improve their nutritional status.



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